

LEGAL INVOICE

[Consultant Name/Law Firm]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]

MATTER / REFERENCE:

[Matter Name or Case Number]
[Attorney/Consultant Name]

Date	Description of Services / Task	Rate/Hr	Hours	Total
[Date]	[Service Description]	\$0.00	0.00	\$0.00
[Date]	[Service Description]	\$0.00	0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Payment Terms: [Net 30/On Receipt]

Wire/ACH Details: [Bank Name] | [Account #] | [Routing #]

Thank you for your business.